The "Nuts and Bolts" of Tobacco Cessation in the Clinical Setting

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What are we fighting?

- **Misperception**
  - **Habit vs. Chronic Condition**
  - **Quick fix/ Magic "pill" (quit ads)**
- **Industry marketing**
  - **$16 *Billion* per year (2004)**
  - **Must <u>replace</u> ½ million loyal U.S. users each year**
- **Lack of prevention funding**
  - **NIH FY03 budget $27 *Million***
  - **Less than 1% for prevention research!**

TUC Background

"Tobacco-Free Continuum"

Minimal Intervention:
Advice only, Literature, Phone contact, Internet, Quit Line

Increasing Intensity:
Brief Advice+Meds, Meds+Clinical Counseling Meds+Clinical Follow-up

Intense Intervention:
Classroom, Behavior modification, Mental Health screening

- **Tobacco Cessation must be a continuum**
- **"One size" or method of cessation does not fit all those wishing to become tobacco free**

TUC: Pharmacotherapy

- Two first-line types of pharmacotherapy (FDA approved) are nicotine replacement therapy and bupropion.
- Whether medications are prescribed via formal TUC programs or via clinical care visits, providers should be aware of the medications and the need to follow those patients who are using the medications.
- Patients receiving TUC medications along with behavioral support have the best chance of quitting.
- Natural/herbal/hypnosis/acupuncture not proven in evidenced-based studies

TUC: Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Bupropion SR	History of Seizure History of Eating Disorder Anti-depressants	Insomnia Dry mouth	150 mg every morning for 3 days, then 150 mg Twice daily (Begin treatment 1-2 weeks pre-quit)	7-12 weeks maintenance up to 6 months	Bupropion 150mg SR, Zyban, Wellbutrin 150mg SR (prescription only)	$3.33
Nicotine Gum	Pregnancy Recent MI	Mouth Soreness Dyspepsia	1-24 cigs/day-2mg gum (up to 24 pcs/day) 25+ cigs/day-4 mg gum (up to 24pcs/day)	Up to 12 weeks; prn	Nicorette, Nicorette Mint, Orange (OTC only)	$6.25 for 10, 2-mg pieces $6.87 for 10, 4-mg pieces

Taken from Public Health Service Clinical Practice Guideline, 2000

TUC: Pharmacotherapy

Pharmacotherapy	Precautions and Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Nicotine Lozenge	Pregnancy History of heart Disease, irregular heart beat, recent MI Uncontrolled high blood pressure Taking prescription medication for depression or asthma	Dyspepsia Oral discomfort	First cigarette within 30 minutes of waking: 4mg strength First cigarette after 30 minutes of waking: 2mg Week 1 to 6: one lozenge every one-to-two hours. Week 7 to 9: one lozenge every two-to-four hours Week 10 to 12: one lozenge every four to eight hours	12 weeks	Prescription OTC	

Taken from Public Health Service Clinical Practice Guideline, 2000

TUC: Pharmacotherapy

Pharmacotherapy	Precautions, Contra-indications	Side Effects	Dosage	Duration	Availability	Cost/day
Nicotine Inhaler	Pregnancy Recent MI COPD	Local irritation of mouth and throat	6-16 cartridges/day	Up to 6 months	Nicotrol Inhaler (prescription only)	$10.94 for 10 cartridges
Nicotine Nasal Spray	Pregnancy Recent MI	Nasal irritation	8-40 doses/day	3-6 months	Nicotrol NS (prescription only)	$5.40 for 12 Doses
Nicotine Patch	Pregnancy Recent MI	Local skin reaction Insomnia	21 mg/24 hours 14 mg/24 hours 7 mg/24 hours or 15 mg/16 hours	4 weeks then 2weeks then 2 weeks 8 weeks	Nicoderm CQ (OTC only), Generic patches (prescription and OTC), Nicotrol (OTC only)	Brand name patches $4.00-$4.50

Taken from Public Health Service Clinical Practice Guideline, 2000

Nicotine Replacement Therapy (NRT)

- NRT started at quit date
- Continuous versus prn
- Long term use OK
- Patient should determine need

Bupropion SR

- 150 mg sustained release formulation
- Weak inhibitor of the neuronal re-uptake of norepinephrine, serotonin, and dopamine
- One pill daily for the first 3 days
- On day 4 take one pill in the morning and a second pill 8 hours later (late afternoon)
- Set quit date during the 2nd week of Bupropion use
- Continue Bupropion for 7 to 10 weeks after quitting tobacco
- Can and should often be combined with Nicotine Replacement Therapy

Scripting Guidelines

- Based on patient needs
- NRT “Big three”:
  - Gum
  - Patch
  - Lozenge
  - Contraindications
- Bupropion 150mg SR (handout)
  - Indications
  - Contraindications

Practical Clinical Advice

- **Dosing (see handout)**
  - **Vary per tobacco intake**
  - **Individual preference**
- **Clinical follow-ups**
  - **Pharmacotherapy effacious**
- **Patient interaction**
  - **Minimal intensity vs. Maximum intensity**
- **Resources**

The Clinical Setting

- Why
  - Sick patients
  - Those who want to quit (62%)
- How
- FHP

Why Clinical Practice Implementation?

- **The teachable moment**
- **Link to illness**
- **Patients are used to prescriptive care**
- **Patient convenience**

Team Approach

- **Providers do not have time for more work**
- **Brief message of 30 seconds to patient with advice to quit and benefit**
- **Develop team approach to providing clinical cessation**
- **If no clinical time available, then refer to cessation program- poor response to referral**

CDC TUC Guidance

Key Change

- **Tobacco dependence is best viewed as a chronic disease with remission and relapse.**
- **Both minimal and intensive interventions increase smoking cessation are effective.**
- **Most people who quit smoking with the aid of such interventions will eventually relapse and may require repeated attempts before achieving long-term abstinence.**

Clinical Cessation Guidelines

- Every patient should receive at least minimal treatment at every clinical visit.
- Patients willing to quit should be treated using the "5 A's"
- Patients who are unwilling to quit should be treated with the “5 R's"
- Patients who have recently quit should be provided relapse prevention treatment.

Five A's

- Ask every patient at every clinical encounter
- Advise: simple advice to quit is 5% effective!
- Assess:
  - Look at readiness to change
  - Recent DoD survey showed 65% want to quit if offered help
  - Level of medication support needed
- Assist:
  - Determine level/ intensity of cessation support needed
- Arrange:
  - Provide patient with level of support needed

Five R's

- **Relevance:**
  - Make the advice to quit relevant to patient's circumstances
- **Risk:**
  - Equate current health state to tobacco use;
    - Oral disease- decay, stain, gum disease, etc.
    - Acute/Chronic medical problems
- **Rewards**
  - Key for young military- $$$$
- **Roadblocks**
  - What will cause patient to not succeed
- **Repetition**
  - Provide empowerment and continuity of message

EXTREMELY IMPORTANT!!! **Address Relapse Issues**

- **Preventing Relapse**
  - **Most relapses occur soon after a person quits using tobacco**
  - **People relapse months or even years after the quit date**
  - **All clinicians should work to prevent relapse**
- **Components of Clinical Practice Relapse Prevention**
  - **For every encounter with a recent quitter**
  - **Use open-ended questions**
  - **Emphasize any success (duration of abstinence, reduction in withdrawal, etc.).**
  - **Discuss any problems encountered or anticipated (e.g., depression, weight gain, alcohol, other tobacco users in the household)**

Relapse Prevention

- **Recognize specific relapse problems by identifying a problem that threatens his or her abstinence.**
  - ***Lack of support for cessation***
    - **Schedule follow-up visits or telephone calls**
    - **Help the patient identify sources of support**
    - **Refer the patient for intense counseling or support.**
  - ***Negative mood or depression***
    - **Refer patient to a specialist.**
  - ***Strong or prolonged withdrawal symptoms***
    - **Consider extending the use of an approved pharmacotherapy or adding/combining pharmacologic medication to reduce strong withdrawal symptoms.**

Relapse Prevention

- ***Weight gain***
  - **Increase physical activity; discourage strict dieting.**
  - **Reassure the patient that some weight gain after quitting is common and appears to be self-limiting.**
  - **Emphasize the importance of a healthy diet.**
  - **Maintain the patient on pharmacotherapy**
  - **Refer the patient to a specialist or program.**
- ***Flagging motivation/feeling deprived***
  - **Reassure the patient these feelings are common.**
  - **Recommend rewarding activities.**
  - **Evaluate for periodic tobacco use.**
  - **Emphasize that beginning to smoke (even a puff) will increase urges and make quitting more difficult**

Provider Education

- **Current DoD/VA Tobacco Use Cessation Clinical Practice Guideline located at: http://www.onlinecpg.com/**
- **Additional resources:**
  - **CDC Tobacco Cessation Resources http://www.cdc.gov/tobacco/bestprac.htm**
  - **Community Preventive Services http://www.thecommunityguide.org/tobacco**
  - **The US Public Health Guideline http://www.surgeongeneral.gov/tobacco/**

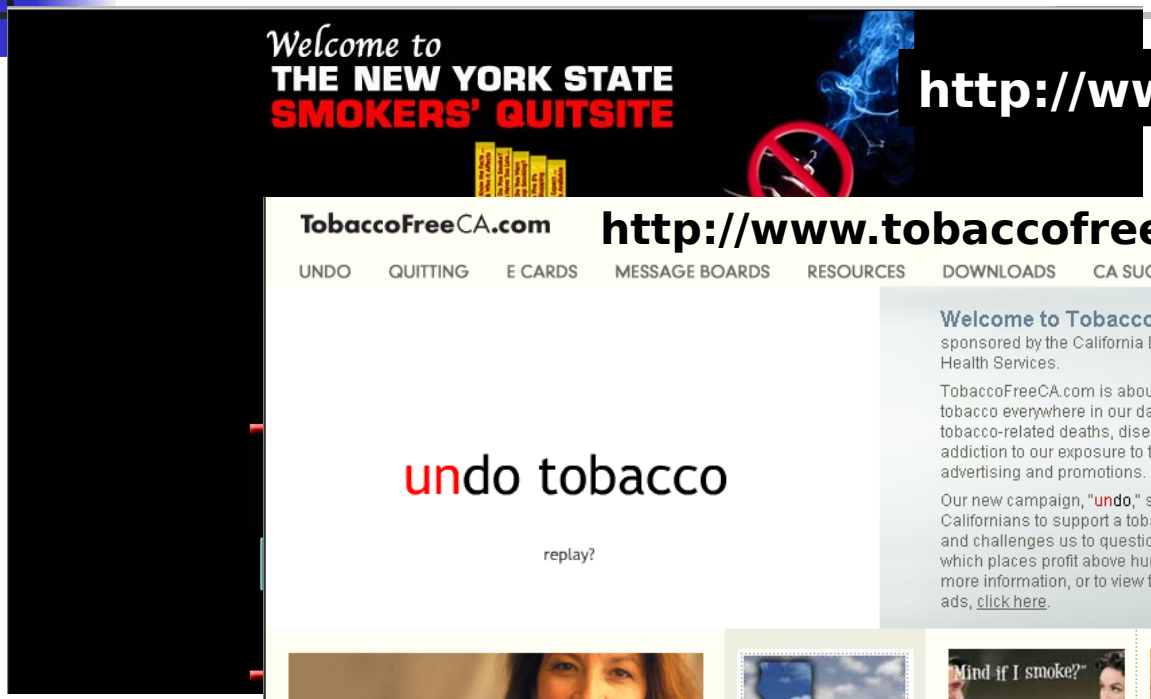
New Patient & Provider Resources

- Tobacco cessation is a readiness issue
  - http://www.ha.osd.mil/smoking_cessation/default.cfm
- TRICARE Tobacco Cessation Initiative
  - Healthy Choices for Life
  - http://www.tricare.osd.mil/healthychoices/quitsmoke.cfm
- WWW.Smokefree.gov
  - 1-800-QUITNOW (1-800-784-8669)
  - Patient education portal
  - Developing cessation intervention protocol

Some Proprietary Patient Resource Websites

- **Nicotrol NS** http://www.nicotrol.com/9_program.asp
- **Commit Lozenge** http://www.quit.com/index_flash.aspx
- **Bupropion/Wellbutrin/Zyban** http://zyban.ibreathe.com/?a=84
- **Free quit program from NRT company (Nicorette/Nicoderm)** www.committedquitters.com/
- **Habitrol** http://www.habitrol.com/

New Patient and Provider Resources



http://www.nysmokefree.com/

TobaccoFreeCA.com
UNDO
QUITTING
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MESSAGE BOARDS
RESOURCES
DOWNLOADS
CA SUCCESS
AT GEAR
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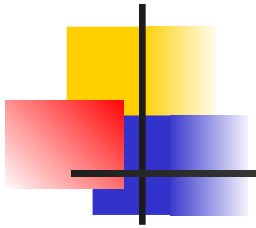
replay?
Welcome to TobaccoFreeCA.com
sponsored by the California Department of Health Services.
TobaccoFreeCA.com is about eliminating tobacco everywhere in our daily lives - from tobacco-related deaths, diseases, and addiction to our exposure to tobacco advertising and promotions.
Our new campaign, "undo," seeks to rally Californians to support a tobacco-free world, and challenges us to question an industry which places profit above human life. For more information, or to view the latest undo ads, click here.
HELPING YOU QUIT
Quitting smoking isn't easy. If you want to quit, have thought about quitting, or already tried and need additional support, here are resources to help you. More
HELPING SOMEONE ELSE
If you want to help your loved ones or friends break their smoking habit, here are tools and tips to
CA SUCCESS
California's anti-tobacco program is saving lives and making our state a healthier and better place for all of us. Learn
Mind if I smoke?
"Care if I die?"
E CARDS
Encourage a smoker to quit, congratulate a friend or tell everyone you just quit!
More
MESSAGE BOARDS
I miss my lung, Bob
DOWNLOADS
Wallpapers and buddy icons.
More
TOBACCO TOLL METER
Smoking takes a tragic

http://www.tobaccofreeca.com/index.html

Provider & Staff Training

- Two free Tobacco Cessation CME opportunities
- MedScape
  - Treating Tobacco Use and Dependence
    - CME Credits Available
    - Physicians - up to 1.0 AMA PRA category 1 credit(s)
    - http://www.medscape.com/viewprogram/3607?src=search
  - Smoking Cessation Approaches for Primary Care
    - CME Credits Available
    - Physicians - up to 1.5 AMA PRA category 1 credit(s);
    - Registered Nurses - up to 1.7 Nursing Continuing Education contact hour(s)
    - http://www.medscape.com/viewprogram/3468?src=search



Questions ????

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Please feel free to contact me if you have any questions or future needs.